Case 24-10504-KHK Doc 15 Filed 04/15/24 Entered 04/15/24 18:27:24 Desc Main Document Page 1 of 44

Fill in this infor							
Debtor 1	Angella Charmair	Angella Charmaine Ogalo					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		EASTERN DISTRICT C	OF VIRGINIA				
Case number	24-10504						
(if known)	<u> </u>				☐ Check if this is an amended filing		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	1,205,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	36,090.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,241,090.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	621,568.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	185,608.00
	Your total liabilities	\$	807,176.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,889.62
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,881.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	l, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Angella Charmaine Ogalo

Case number (if known) 24-10504

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______9,175.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	152,618.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	152,618.00

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				Doo	cument	Page 3 of 44				
Fill	in this inform	ation to identify	your case and th	is filinç	g:					
Deb	otor 1	Angella Cha	rmaine Ogalo							
	_	First Name	Middle	Name		Last Name				
	otor 2 ouse, if filing)	First Name	Middle	Name		Last Name				
Uni	ted States Ban	kruptcy Court for	the: EASTERN	DISTRI	ICT OF VIRGI	NIA				
Cas	se number 2	4-10504								Check if this is an
Out		1 -10304				_				amended filing
Of	ficial For	m 106A/E	3							
		A/B: Pi	_							12/15
				n seeof	t only once If a	an asset fits in more than one	category li	et the accet in		
hink nfor	it fits best. Be	as complete and a space is needed,	accurate as possible	e. If two	married people	e are filing together, both are e top of any additional pages	equally resp	onsible for su	pplyir	ng correct
Part	1: Describe E	ach Residence, B	uilding, Land, or Otl	ner Real	I Estate You Ov	vn or Have an Interest In				
1. D	o you own or ha	ive any legal or eq	uitable interest in a	ny resid	lence, building,	, land, or similar property?				
	No. Go to Part	2.								
	Yes. Where is	the property?								
1.1				What	t is the property	y? Check all that apply				
		oourne Place available, or other des	porintion		Single-family I	home				r exemptions. Put ns on <i>Schedule D:</i>
	Street address, ii	available, of other des	scription		•	· ·				cured by Property.
					Condominium	or cooperative				
					Manufactured	or mobile home	Current va	alue of the	Cur	rent value of the
	Centreville	VA	20120-0000		Land		entire pro			tion you own?
	City	State	ZIP Code			operty	\$5	75,000.00		\$575,000.00
										wnership interest
				_		t in the property? Check one		ee simple, ten te), if known.	ancy t	by the entireties, or
							Fee Sim	ple		
	Fairfax				Debtor 2 only					
	County					,	☐ Chec	k if this is com	munit	ty property
					711 10401 0110 0	f the debtors and another	,	structions)		
					r information y erty identificati	ou wish to add about this ite on number:	m, such as lo	ocal		
				,p	,					

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	_		wilat	is the property? Check all that apply		
6407 McCoy Roa				Single-family home	Do not deduct secured cla	
Street address, if available	e, or other des	cription		Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
				Condominium or cooperative		.,.,
			П	Manufactured or mobile home		
Centreville	VA	20121-0000	_	Land	Current value of the entire property?	Current value of the portion you own?
City	State	ZIP Code		Investment property	\$600,000.00	\$600,000
0.1,	Ciaio	2 0000		Timeshare		
				Other	Describe the nature of y (such as fee simple, ten	
			Who	has an interest in the property? Check one	a life estate), if known.	,,
				Debtor 1 only	Fee Simple	
Fairfax				Debtor 2 only		
County				Debtor 1 and Debtor 2 only	☐ Check if this is com	munity property
				At least one of the debtors and another	(see instructions)	iniumity property
			Othe	information you wish to add about this ite	m, such as local	
If you own or ha		than one, not n		is the property? Check all that apply Single-family home	Do not deduct secured cla	aims or exemptions. Pu
Street address, if available		cription		Duplex or multi-unit building	the amount of any secure	
				Condominium or cooperative	Creditors Who Have Clair	ns Secured by Property
			Ц	Condominant of cooperative		
				Manufactured or mobile home	Current value of the	Current value of the
		00000-0000		Land	entire property?	portion you own?
City	State	ZIP Code		Investment property	\$30,000.00	\$30,000
				Timeshare	Describe the nature of y	our ownership interes
				Other	(such as fee simple, ten a life estate), if known.	ancy by the entireties,
			Who	has an interest in the property? Check one Debtor 1 only	a me estate), ii known.	
			_	Debtor 2 only		
County				Debtor 1 and Debtor 2 only		
•				At least one of the debtors and another	Check if this is com	munity property
			_	information you wish to add about this ite	,	
			011101	mornialion you mon to add about the no	in, caon ao iocai	
				erty identification number:		
				erty identification number:		
				erty identification number:		

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

Appliances & Housewares

☐ No

■ Yes. Describe.....

Cellphone, TV, Computer \$850.00

\$4.250.00

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Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

Yes.....

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Case number (if known) 24-10504 Debtor 1 Angella Charmaine Ogalo Cash \$30.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking & **Navy Federal Credit Union** \$300.00 17.1. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Nο ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: **Pension** Retirement w/ Fairfax County Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

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Debtor 1

Angella Charmaine Ogalo

Case number (if known) 24-10504

27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Federal & State Income Tax Refunds Federal & State \$10.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Liberty Life Insurance \$6,000.00 \$1,500.00 CMU Life Insurance 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ☐ No Yes. Give specific information..

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Case number (if known) 24-10504

	Case number (if known)	24-10504
Potential lawsuits against		
FCI Lender Services, RCO,		
Bayview and Fannie Mae,		
Farmer's Insurance, Liberty		
Mutual, Colonial Savings for fraud		Unknown
IOI ITAUU		
36. Add the dollar value of all of your entries from Part 4, including any entries for Part 4. Write that number here		\$7,840.00
Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
37. Do you own or have any legal or equitable interest in any business-related property	?	
■ No. Go to Part 6.		
☐ Yes. Go to line 38.		
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Half you own or have an interest in farmland, list it in Part 1.	ve an Interest In.	
46. Do you own or have any legal or equitable interest in any farm- or comme	ercial fishing-related property?	
No. Go to Part 7.		
☐ Yes. Go to line 47.		
1 103. 00 to line 41.		
Part 7: Describe All Property You Own or Have an Interest in That You Did Not Li	st Above	
53. Do you have other property of any kind you did not already list?		
Examples: Season tickets, country club membership		
■ No		
☐ Yes. Give specific information		
54. Add the dollar value of all of your entries from Part 7. Write that number	here	\$0.00
Part 8: List the Totals of Each Part of this Form		
55. Part 1: Total real estate, line 2		\$1,205,000.00
56. Part 2: Total vehicles, line 5	2,000.00	· · ·
	6,250.00	
	7,840.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54 +	\$0.00	
· · · · · · · · · · · · · · · · · · ·	6,090.00 Copy personal property	total \$36,090.00
	<u>,</u> , , ,	
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$1,241,090.00

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Fill in this info	rmation to identify your	case:		
Debtor 1	Angella Charmaii	ne Ogalo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	24-10504			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exem	pt
---	----

	■ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	6018 Westbourne Place Centreville, VA 20120 Fairfax County	\$575,000.00		\$1,000.00	Va. Code Ann. § 34-4					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	6018 Westbourne Place Centreville, VA 20120 Fairfax County	\$575,000.00		\$10.00	Va. Code Ann. § 34-4					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	6407 McCoy Road Centreville, VA 20121 Fairfax County	\$600,000.00		\$10.00	Va. Code Ann. § 34-4					
	Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit						
	1.5 acres in Front Royal Line from Schedule A/B: 1.3	\$30,000.00		\$1,000.00	Va. Code Ann. § 34-4					
	Ellie Holli Genedale AVB. 1.0			100% of fair market value, up to any applicable statutory limit						
	2003 Honda CRV 170,000 miles Location: 6018 Westbourne Place,	\$2,000.00		\$2,000.00	Va. Code Ann. § 34-26(8)					
	Centreville VA 20120 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						

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tor 1 Angella Charmaine Ogalo			Case number (if known)	24-10504
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2018 Lexus 350 66,000 miles Location: 6018 Westbourne Place,	\$20,000.00		\$10.00	Va. Code Ann. § 34-26(8)
Centreville VA 20120 Line from <i>Schedule A/B</i> : 3.2			100% of fair market value, up to any applicable statutory limit	
2018 Lexus 350 66,000 miles Location: 6018 Westbourne Place,	\$20,000.00	•	\$10.00	Va. Code Ann. § 34-4
Centreville VA 20120 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
Dining Set, Tables, Chairs, Beds, Dressers,	\$4,250.00	•	\$4,250.00	Va. Code Ann. § 34-26(4a)
Lamps, Sofas, Coffee Table, End Tables, Night Stand, Living Room Furniture, Bedroom Furniture, Small Household Appliances & Housewares Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
Cellphone, TV, Computer Line from Schedule A/B: 7.1	\$850.00		\$850.00	Va. Code Ann. § 34-4
			100% of fair market value, up to any applicable statutory limit	
Debtors' Clothing Line from Schedule A/B: 11.1	\$650.00		\$650.00	Va. Code Ann. § 34-26(4)
Ellie Holli Galledale A.B. 1111			100% of fair market value, up to any applicable statutory limit	
Rings, Earrings, Necklaces, Bracelets, Costume Jewelry	\$250.00		\$250.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
Books, Pictures, Small Household Items	\$250.00		\$250.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$30.00		\$30.00	Va. Code Ann. § 34-4
			100% of fair market value, up to any applicable statutory limit	
Checking & Savings: Navy Federal Credit Union	\$300.00		\$300.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Pension: Retirement w/ Fairfax County	Unknown		100%	Va. Code Ann. § 34-34
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
Federal & State: Federal & State	\$10.00		\$10.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	

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Deb	tor 1 Angella Charmaine Ogalo		Case number (if known) 24-10504							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	Liberty Beneficiary: Life Insurance	\$6,000.00		100%	Va. Code Ann. § 38.2-3122					
	Line from Schedule A/B: 31.1		☐ 100% of fair market value, up to any applicable statutory limit							
	CMU Beneficiary: Life Insurance	\$1,500.00		100%	Va. Code Ann. § 38.2-3122					
	Line from Schedule A/B: 31.2		100% of fair market value, up to any applicable statutory limit							
	Potential lawsuits against FCI Lender Services, RCO,	Unknown		\$10.00	Va. Code Ann. § 34-4					
	Bayview and Fannie Mae, Farmer's Insurance, Liberty Mutual, Colonial Savings for fraud Line from Schedule A/B: 35.1			100% of fair market value, up to any applicable statutory limit						
3.	 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 									
	□ No □ Yes									

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Fill i	n this informati	on to identify you	ır case:				
Debt	tor 1	Angella Charma	nine Ogalo				
		First Name	Middle Name	Last Name			
Debt (Spou	_	First Name	Middle Name	Last Name			
Unite	ed States Bankru	uptcy Court for the:	EASTERN DISTRICT OF VIRO	GINIA			
Case	e number 24-	10504					
(if kno	wn)					☐ Check	if this is an
						amend	ed filing
Off;	cial Form 1	06D					
			NA/I	0	I		
Sci	nedule D	Creditors	Who Have Claims	Secured	by Propert	у	12/15
is nee numb	eded, copy the Ad er (if known).		If two married people are filing togetl out, number the entries, and attach it y your property?				
_	_ *	-	his form to the court with your othe	r schedules Yo	u have nothing else t	o report on this form	
	_		•	r sorreduies. To	a nave nothing clock	o report on this form.	
		of the information	below.				
Part	1: List All S	ecured Claims			Column A	Column B	Column C
for ea	ach claim. If more	than one creditor has	more than one secured claim, list the cre a particular claim, list the other creditor cal order according to the creditor's nan	rs in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1	Colonial Sav Loans	ings &	Describe the property that secures	the claim:	\$321,724.00	\$600,000.00	\$0.00
	Creditor's Name		6407 McCoy Road Centrevi 20121 Fairfax County				
	Attn Bankrup Po Box 2988 Fort Worth, 7	•	As of the date you file, the claim is: apply. Contingent	: Check all that			
	Number, Street, City	, State & Zip Code	☐ Unliquidated				
			☐ Disputed				
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.				
D	ebtor 1 only		An agreement you made (such as car loan)	mortgage or secu	ıred		
_	ebtor 2 only		, -				
_	ebtor 1 and Debto	,	☐ Statutory lien (such as tax lien, me	echanic's lien)			
ЦA	t least one of the d	ebtors and another	Judgment lien from a lawsuit				

Mortgage

5829

Other (including a right to offset)

Last 4 digits of account number

 $\hfill \Box$ Check if this claim relates to a

Date debt was incurred 2005

community debt

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Debtor 1 Angella Charmaine Oga		Case number (if known) 24-10504					
First Name Middle N	lame Last Name						
2.2 FCI Lender Services	Describe the property that secures the claim:	\$279,367.00	\$575,000.00	\$0.00			
Creditor's Name	6018 Westbourne Place Centreville, VA 20120 Fairfax County			*			
P.O. Box 27370 Anaheim, CA 92809	As of the date you file, the claim is: Check all the apply. Contingent	it.					
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
■ Debtor 1 only	An agreement you made (such as mortgage of	r secured					
Debtor 2 only	car loan)						
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortga	ge					
Date debt was incurred 2006	Last 4 digits of account number 13	55					
2.3 Navy FCU	Describe the property that secures the claim:	\$20,477.00	\$20,000.00	\$477.00			
Creditor's Name	2018 Lexus 350 66,000 miles	Ψ20,477.00	Ψ20,000.00	Ψ-111.00			
Aug. B. J	Location: 6018 Westbourne Place, Centreville VA 20120						
Attn: Bankruptcy	As of the date you file, the claim is: Check all that	 it					
Po Box 3000 Merrifield, VA 22119	apply.						
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated						
, , , . , . , , , , , , , , , , , , ,	☐ Disputed						
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
Debtor 1 only	An agreement you made (such as mortgage of	r secured					
Debtor 2 only	car loan)						
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)					
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt	Other (including a right to offset)	pan					
Date debt was incurred 2018	Last 4 digits of account number	25					
	Column A on this page. Write that number here:	\$621,568	3.00				
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$621,568	3.00				
Part 2: List Others to Be Notified for a Debt That You Already Listed							
Use this page only if you have others to be trying to collect from you for a debt you of	oe notified about your bankruptcy for a debt that owe to someone else, list the creditor in Part 1, a t you listed in Part 1, list the additional creditors	nd then list the collection age	ency here. Similarly, if you	have more			
Name, Number, Street, City, State 8	3. Zip Code On	which line in Part 1 did you ent	er the creditor? 2.2				
5040 Corporate Woods Drive Last 4 digits of account number Suite 120							
Virginia Beach, VA 23452-	4377						

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		Docum	ent Page 15	o 0f 44	
Fill in this in	formation to identify your	case:			
Debtor 1	Angella Charmair	o Ogalo			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	EASTERN DISTRICT	OF VIRGINIA		
Case numbe (if known)	r 24-10504				Objects if this is a
(II KIIOWII)					Check if this is an amended filing
					amended ming
Official F	orm 106E/F				
	e E/F: Creditors W	ho Have Unsec	cured Claims		12/15
Schedule G: E: Schedule D: Ci eft. Attach the name and case	xecutory Contracts and Unexp reditors Who Have Claims Sec Continuation Page to this page number (if known).	ired Leases (Official Forn ured by Property. If more le. If you have no informa	n 106G). Do not include space is needed, copy t	contracts on Schedule A/B: Property (Of any creditors with partially secured clai the Part you need, fill it out, number the do not file that Part. On the top of any ac	ms that are listed in entries in the boxes on the
	st All of Your PRIORITY Un				
•	editors have priority unsecure	d claims against you?			
	to Part 2.				
☐ Yes.					
Part 2: Lis	st All of Your NONPRIORIT	Y Unsecured Claims			
Yes. 4. List all of unsecured	claim, list the creditor separately	aims in the alphabetical o	order of the creditor who claim listed, identify what t	b holds each claim. If a creditor has more type of claim it is. Do not list claims already three nonpriority unsecured claims fill out	included in Part 1. If more
rait 2.					Total claim
4.1 Affir	rm, Inc.	Last 4 dia	its of account number	IT47	\$230.00
Nonp Attn 650	riority Creditor's Name n: Bankruptcy California St, Fl 12		s the debt incurred?	Opened 01/24 Last Active 2/09/24	<u> </u>
Numb	Francisco, CA 94108 Der Street City State Zip Code incurred the debt? Check one.	As of the	date you file, the claim i	is: Check all that apply	
_	ebtor 1 only	☐ Conting	ant		
	ebtor 2 only	☐ Unliqui			
	ebtor 2 only ebtor 1 and Debtor 2 only				
	ebtor 1 and Debtor 2 only t least one of the debtors and and	_ '	ea ONPRIORITY unsecured	d claim:	
_					
⊔ Cl debt	heck if this claim is for a com	nunity — • • • • • • • • • • • • • • • • • •		ration agreement or divorce that you did no	nt
Is the	e claim subject to offset?		priority claims	agreement of divorce that you did in	
■ No	0	☐ Debts t	to pension or profit-sharin	g plans, and other similar debts	
□ Ye	es	Other.	Specify Unsecured		

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DCDI	Angelia Charmaine Ogalo		24-10304	
4.2	Cbna	Last 4 digits of account number	0437	\$5,542.00
	Nonpriority Creditor's Name Attn: Centralized Bankruptcy/Citicorp Po Box 790034	When was the debt incurred?	Opened 11/17 Last Active 2/23/24	
	St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	Mohela/dept Of Ed	Last 4 digits of account number	0002	\$10,112.00
	Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	Opened 06/10 Last Active 1/15/21	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	a Ciaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<u></u>	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify	g promot, and a since a since	
	= .66	Educationa	 I	
4.4	Mohela/dept Of Ed	Last 4 digits of account number	0014	\$7,153.00
	Nonpriority Creditor's Name 633 Spirit Drive	When was the debt incurred?	Opened 08/22 Last Active 2/29/24	
	Chesterfield, MO 63005 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	·I	

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504 4.5 Mohela/dept Of Ed Last 4 digits of account number 0006 \$6,217.00 Nonpriority Creditor's Name Opened 09/19 Last Active 633 Spirit Drive When was the debt incurred? 1/15/21 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.6 Mohela/dept Of Ed Last 4 digits of account number 8000 \$6,082.00 Nonpriority Creditor's Name Opened 10/20 Last Active 633 Spirit Drive 2/29/24 When was the debt incurred? Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Other. Specify ☐ Yes Educational 4.7 Mohela/dept Of Ed Last 4 digits of account number 0013 \$5,359.00 Nonpriority Creditor's Name Opened 08/22 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor	1 Angella Charmaine Ogalo		Case number (if known) 24-10504					
4.8	Mohela/dept Of Ed	Last 4 digits of account number	0001	\$4,428.00				
	Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	Opened 06/10 Last Active 1/15/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured Student loans	d claim:					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify						
		Educationa	l .					
4.9	Mohela/dept Of Ed Nonpriority Creditor's Name	Last 4 digits of account number	0004	\$4,340.00				
	633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	Opened 10/11 Last Active 1/15/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	□ Debtor 1 and Debtor 2 only □ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify						
		Educationa	l					
4.1	Mohela/dept Of Ed	Last 4 digits of account number	0007	\$3,500.00				
	Nonpriority Creditor's Name 633 Spirit Drive Chesterfield, MO 63005	When was the debt incurred?	Opened 10/20 Last Active 2/29/24					
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	\$3,500.00				
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	5					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	☐ Other. Specify						

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504 4.1 Mohela/dept Of Ed 0005 \$3,500.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/19 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Mohela/dept Of Ed 0012 \$3,055.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/22 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 Mohela/dept Of Ed 0010 \$3,055.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 09/21 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504 4.1 Mohela/dept Of Ed 0016 \$2,383.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 08/23 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Mohela/dept Of Ed 0003 \$2,356.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 10/11 Last Active 633 Spirit Drive When was the debt incurred? 1/15/21 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 Mohela/dept Of Ed 0009 \$2,250.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 09/21 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504 4.1 Mohela/dept Of Ed 0011 \$2,250.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/22 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Mohela/dept Of Ed 0015 \$164.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 06/23 Last Active 633 Spirit Drive When was the debt incurred? 2/29/24 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.1 Navient 7155 \$84,505.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/07 Last Active Po Box 9640 When was the debt incurred? 8/22/19 Wilkes-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504 4.2 **Navy FCU** 0149 \$15,076.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/21 Last Active Po Box 3000 When was the debt incurred? 2/09/24 Merrifield, VA 22119 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.2 Nelnet 4239 \$1,084.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/03 Last Active Attn: Bankruptcy Claims Po Box 82505 When was the debt incurred? 9/06/19 Lincoln, NE 68501 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.2 \$825.00 Nelnet 4339 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Claims Opened 07/03 Last Active Po Box 82505 When was the debt incurred? 6/17/21 Lincoln, NE 68501 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify

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Debto	or 1 Angella Charmaine Ogalo		Case number (if known)	24-10504			
4.2	NS HVAC	Last 4 digits of account number			\$5,850.00		
3	Nonpriority Creditor's Name c/o Brad Martin, Esq. 800 Third Street, Ste. 100	When was the debt incurred?			φο,οσοισο		
	Herndon, VA 20170 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce the	nat you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	its			
	Yes	Other. Specify Services					
4.2	Pentagon Federal Credit Union	Last 4 digits of account number	0339		\$4,585.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 2930 Eisenhower Avenue Alexandria, VA 22314	When was the debt incurred?	Opened 05/21 Last Active 2/23/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	· ·	•			
	■ No	Debts to pension or profit-sharing	g plans, and other similar deb	its			
	Yes	Other. Specify Credit Card	I				
4.2 5	Synchrony Bank/Walmart	Last 4 digits of account number	0757		\$1,707.00		
	Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896	When was the debt incurred?	Opened 06/18 Last 2/23/24	Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce the	hat you did not			
	Is the claim subject to offset?	report as priority claims	ns				
	■ No	Debts to pension or profit-sharin		ts			
	Yes	■ Other. Specify Credit Acco	ount				

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Angella Charmaine Ogalo

Case number (if known)

24-10504

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 152,618.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 32,990.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 185,608.00

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Fill in this infor	mation to identify your	case:	·	
Debtor 1	Angella Charmai	ne Ogalo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	24-10504			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the cer, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_
	•				

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		Docume	III Faye 20 0	1 44	
Fill in this i	information to identify your	case:			
Debtor 1	Angella Charmaii	ne Ogalo			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA		
Case numb	er 24-10504			_	
(if known)	24-10304				Check if this is an
Official	Form 106H				amended filing
Sched	ule H: Your Cod	ebtors			12/15
1. Do y No Yes 2. With Arizona No. (Yes. 3. In Coluin line: Form 1	in the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouse, In 1, list all of your codebt 2 again as a codebtor only i	Answer every question you are filing a joint case, lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	do not list either spouse operty state or territor erto Rico, Texas, Wash with you at the time?	as a codebtor. y? (Community property ington, and Wisconsin.) if your spouse is filing sure you have listed the	of any Additional Pages, write states and territories include with you. List the person shown a creditor on Schedule D (Official chedule E/F, or Schedule G to fill
C	Column 1: Your codebtor ame, Number, Street, City, State and ZI	P Code		Column 2: The cred	litor to whom you owe the debt
	, ,			_	шасарру.
3.1	lame			☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule G, line	
N	Jumber Street			_	
C	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	lame			☐ Schedule E/F, lin	
				☐ Schedule G, line	
	lumber Street	•	715.0	_	
C	City	State	ZIP Code		

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SIII	in this information	to identify your o	200:				•				
	btor 1		rmaine Ogalo								
	btor 2 buse, if filing)					_					
Uni	ited States Bankru	ptcy Court for the	: EASTERN DISTRICT	OF VIRGINIA							
	se number 24	-10504		-					ed filing ent showin	ng postpetition	
0	fficial Form	106I					ī	MM / DD/ `	YYYY	J	
S	chedule I:	Your Inc	ome				·	VII.VI 7 DD7			12/15
spo atta	use. If you are se ch a separate she rt 1: Describ Fill in your emp	parated and you eet to this form. be Employment	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	de infor	mati	on abou	it your spoumber (if	ouse. If m known). <i>A</i>	ore space is	needed,
	information.									lling spouse	
	If you have more attach a separate information abou	e page with	Employment status	■ Employed □ Not employed LPN			☐ Empl	oyea mployed			
	employers.		Occupation								
	Include part-time self-employed we		Employer's name	Fairfax County							
	Occupation may or homemaker, if		Employer's address	P.O. Box 10200 Fairfax, VA 2203	35-0200)					
			How long employed t	here? 9 Years	i			_			
Pai	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to re	eport for	any	line, writ	e \$0 in the	space. In	clude your no	n-filing
If yo	ou or your non-filing e space, attach a s	g spouse have moseparate sheet to	ore than one employer, co	ombine the information	n for all	empl	oyers foi	r that perso	on on the li	ines below. If	you need
							For De	ebtor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$		9,175.00	\$	N/A	-
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	9.1	75.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Angella Charmaine Ogalo		_	С	ase number (if kr	nown)	24-1	0504		
									5.14	•	
						For Debtor 1			Debtor n-filing s		
	Cop	y line 4 here		4.		\$9,175	5.00	\$_	9	N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Secur	ity deductions	5a.		\$ 1,926	6.75	\$		N/A	
	5b.	Mandatory contributions for retir	rement plans	5b.			0.00	\$		N/A	
	5c.	Voluntary contributions for retire	ement plans	5c.		\$	0.00	\$		N/A	
	5d.	Required repayments of retirement	ent fund loans	5d.		\$ (0.00	\$_		N/A	
	5e.	Insurance		5e.			1.80	\$		N/A	
	5f.	Domestic support obligations		5f.		. —	0.00	. \$_		N/A	
	5g.	Union dues		5g.			0.00			N/A	
_	5h.	Other deductions. Specify: Ret		5h.		-	7.83			N/A	
6.		I the payroll deductions. Add lines	· ·	6.		2,939				N/A	
7.		culate total monthly take-home pay		7.		6,235	0.62	. \$_		N/A	
8.	List 8a.	all other income regularly received Net income from rental property									
	ou.	profession, or farm	and nom operating a sacrifice,								
		Attach a statement for each proper									
		receipts, ordinary and necessary b monthly net income.	usiness expenses, and the total	8a.		\$	0.00	\$		N/A	
	8b.	Interest and dividends		8b.		·	0.00	- ψ -		N/A N/A	
	8c.		ou, a non-filing spouse, or a dependen		•	Ψ		Ψ_		11//	
		regularly receive	3								
			child support, maintenance, divorce	0 -		•		Φ.			
	04	settlement, and property settlemen	τ.	8c.		. —	0.00			N/A	
	8d. 8e.	Unemployment compensation Social Security		8d. 8e.).00).00	* *		N/A N/A	
	8f.	Other government assistance the	at you regularly receive	00.		Ψ	.00	Ψ_		IN/A	
	Oi.		alue (if known) of any non-cash assistanc	е							
		that you receive, such as food stan	nps (benefits under the Supplemental								
		Nutrition Assistance Program) or h	ousing subsidies.	٥,		Φ		Φ.			
	9.0	Specify: Pension or retirement income		8f.			0.00	* **		N/A	
	8g.	rension of retirement income	Separated Husband pays McCoy	8g.		Φ	0.00	Φ_		N/A	
	8h.	Other monthly income. Specify:		8h.	.+	\$ 1,65 ⁴	1.00	+ \$		N/A	
		, and a second		_							7
9.	Add	l all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	\$	1,654	1.00	\$_		N/A	
10.	Cal	culate monthly income. Add line 7 -	ulino O	10.	\$	7 000 60	+ \$		N/A	= \$	7 000 62
10.		the entries in line 10 for Debtor 1 and		10.	Ψ_	7,889.62	+ φ		IN/A	- φ —	7,889.62
			3 1								
11.			the expenses that you list in Schedule partner, members of your household, you		nde	nte vour room	mate	e and			
		er friends or relatives.	partitor, members of your flousefiold, you	асрс	nuc	into, your room	mate	o, and			
	_		ided in lines 2-10 or amounts that are not	availa	able	to pay expens	es lis	ted in 3			
	Spe	cify:							11.	+\$	0.00
12	Δdc	I the amount in the last column of I	ine 10 to the amount in line 11. The re	eult ie	the	combined mor	nthly i	income			
12.			hedules and Statistical Summary of Certa								
	арр	lies	ŕ						12.	\$	7,889.62
									l	Combin	ed
										monthly	income
13.	Do		e within the year after you file this form	1?							
		No.									
	П	Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	l in this information to identify your case:			
Deb	Angella Charmaine Ogalo	C	Check if this is: An amended filing	a
Deb	btor 2		A supplement sho	owing postpetition chapter
(Spo	pouse, if filing)		13 expenses as o	of the following date:
Unit	ited States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA		MM / DD / YYYY	
1	se number 24-10504 known)			
O.	official Form 106J			
S	chedule J: Your Expenses			12/15
Be info nur	e as complete and accurate as possible. If two married people are filin formation. If more space is needed, attach another sheet to this form. Imber (if known). Answer every question.			
Par 1.	It 1: Describe Your Household Is this a joint case?			
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?			
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Si	eparate Household of D	Debtor 2.	
2.	Do you have dependents? ☐ No			
	Do not list Debtor 1 and Ves Fill out this information for De	pendent's relationship to btor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□No
	dependents names.	on	30	Yes
				□ No □ Yes
				_ □ res □ No
				☐ Yes
				□ No
				_ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?			
Est	Estimate Your Ongoing Monthly Expenses stimate your expenses as of your bankruptcy filing date unless you are penses as of a date after the bankruptcy is filed. If this is a supplemental plicable date.			
the	clude expenses paid for with non-cash government assistance if you e value of such assistance and have included it on <i>Schedule I: Your li</i> fficial Form 106I.)	know ncome	Your ex	penses
4.	The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.	e first mortgage 4	ı. \$	1,258.00
	If not included in line 4:			
	4a. Real estate taxes	4a	ı. \$	0.00
	4b. Property, homeowner's, or renter's insurance		o. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses	4c	s. \$	250.00
_	4d. Homeowner's association or condominium dues		I. \$	79.00
5.	Additional mortgage payments for your residence, such as home ed	uuty loans 5	5. \$	0.00

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btor 1 Angella Charmaine Ogalo	Case number	(if known)	24-10504
Utilities:			
6a. Electricity, heat, natural gas	6a. \$		220.00
6b. Water, sewer, garbage collection	6b. \$		55.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$		365.00
6d. Other. Specify:	6d. \$		0.00
Food and housekeeping supplies	7. \$		1,100.00
Childcare and children's education costs	8. \$		0.00
Clothing, laundry, and dry cleaning	9. \$		95.00
Personal care products and services	10. \$		150.00
Medical and dental expenses	11. \$		200.00
Transportation. Include gas, maintenance, bus or train fare.			205.00
Do not include car payments.	12. \$		395.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$		85.00
Charitable contributions and religious donations	14. \$		0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	15a. \$		0.00
15b. Health insurance	15a. \$		0.00
15c. Vehicle insurance	15b. \$		260.00
15d. Other insurance. Specify:	15d. \$		
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u. \$		0.00
Specify: Property Taxes	16. \$		60.00
Installment or lease payments:			00.00
17a. Car payments for Vehicle 1	17a. \$		655.00
17b. Car payments for Vehicle 2	17b. \$		0.00
17c. Other. Specify: McCoy Road Mortgage	17c. \$		1,654.00
17d. Other. Specify:	17d. \$		0.00
Your payments of alimony, maintenance, and support that you did not report as			
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$		0.00
Other payments you make to support others who do not live with you.	\$		0.00
Specify:	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Sche		Income.	
20a. Mortgages on other property	20a. \$		0.00
20b. Real estate taxes	20b. \$		0.00
20c. Property, homeowner's, or renter's insurance	20c. \$		0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$		0.00
20e. Homeowner's association or condominium dues	20e. \$		0.00
Other: Specify:	21+	5	0.00
Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	6,881.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,001.00
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	6 004 00
220. Add the 22a and 22b. The result is your monthly expenses.		Ψ	6,881.00
Calculate your monthly net income.	_		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		7,889.62
23b. Copy your monthly expenses from line 22c above.	23b\$		6,881.00
			·
23c. Subtract your monthly expenses from your monthly income.	22- 6		1,008.62
The result is your monthly net income.	23c. \$		1,000.02
Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No.			ease or decrease because o
☐ Yes. Explain here:			

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Fill in this inform	nation to identify your	case:				
Debtor 1	Angella Charmair	ne Ogalo				
	First Name	Middle Name	Last Nan	e		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Nam	e		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT	OF VIRGINIA			
Case number	24-10504					
(if known)						☐ Check if this is an amended filing
Official Forn Declarat	n 106Dec ion About a	ın Individua	ıl Debtor	s Sched	ules	12/15
If two married pe	ople are filing together	r, both are equally resp	oonsible for supp	ying correct info	rmation.	
obtaining money		n connection with a ba				t, concealing property, or imprisonment for up to 20
Sigr	n Below					
Did you pay	y or agree to pay some	one who is NOT an att	orney to help you	fill out bankrupt	cy forms?	
■ No						
☐ Yes. N	lame of person					cy Petition Preparer's Notice, Signature (Official Form 119)
	Ity of perjury, I declare	that I have read the su	mmary and sche	dules filed with th	nis declaration an	d
•		1_	Х			
	ella Charmaine Oga a Charmaine Ogalo	10		nature of Debtor 2		
	e of Debtor 1		Olg			

Date **April 15, 2024**

Date

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Fill in	this infor	mation to identify you	rase.			
Debto		Angella Charma				
Debio		First Name	Middle Name	Last Name		
Debto (Spouse	r 2 e if, filing)	First Name	Middle Name	Last Name		
		inkruptcy Court for the:	EASTERN DISTRICT OF			
Office	J Glales De	inkruptcy Court for the.	- EAGTERN DIGHTOT OF	VIICOINIA		
(if know	_	24-10504				heck if this is an mended filing
Stat	ement		Affairs for Individual ble. If two married people a		Sankruptcy equally responsible for sup	04/22
		nore space is needed, n). Answer every ques		this form. On the top of an	y additional pages, write you	r name and case
Part 1	Give I	Details About Your Ma	rital Status and Where You	Lived Before		
1. W	/hat is you	r current marital statu	s?			
	Married Not ma					
2. D	urina the l	ast 3 vears, have you	lived anywhere other than	where you live now?		
	No Yes. Lis	st all of the places you li	ved in the last 3 years. Do n	ot include where you live nov	v.	
C	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	Idress:	Dates Debtor 2 lived there
					nity property state or territory ico, Texas, Washington and W	
	No Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Expla	in the Sources of You	r Income			
Fi	ill in the tot	al amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?
□ ■] No ■ Yes. Fi	l in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$34,733.20	■ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504

					Debtor 1			Dek	otor 2		
					Sources of income Check all that apply.	(bef	ss income ore deductions and usions)		urces of inc eck all that a		Gross income (before deductions and exclusions)
			dar year: December 3	31, 2023)	■ Wages, commissions, bonuses, tips		\$81,688.00		Wages, com uses, tips	missions,	\$0.00
					☐ Operating a business				Operating a	business	
			ar year bef December 3		■ Wages, commissions, bonuses, tips		\$74,394.00		Wages, com uses, tips	missions,	\$0.00
					☐ Operating a business				Operating a	business	
5.	Include and oth winning	e inco her p gs. If ach so	ome regardl oublic benefi f you are filir	less of wheth it payments; ng a joint cas ne gross inco	e during this year or the two ler that income is taxable. Ex- pensions; rental income; inte le and you have income that your lime from each source separa	amples rest; div you rec	of other income are vidends; money colle eived together, list it	alimony cted fro only on	om lawsuits; ace under De	royalties; an ebtor 1.	ecurity, unemployment, d gambling and lottery
					Debtor 1				otor 2		
					Sources of income Describe below.	eac (bef	ss income from h source ore deductions and usions)		urces of inc scribe below		Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain Pay	ments You	Made Before You Filed for	Bankrı	ıptcy				
6.	□ N	es.	Neither De individual p During the I No. Yes * Subject to Debtor 1 o	btor 1 nor D rimarily for a 90 days befor Go to line 7 List below of paid that cre not include o adjustment r Debtor 2 o	each creditor to whom you pa editor. Do not include paymen payments to an attorney for t on 4/01/25 and every 3 year r both have primarily consu	umer do old purpo id you p id a tota nts for c this ban rs after t	ebts. Consumer debose." pay any creditor a total of \$7,575* or more domestic support oblikruptcy case. that for cases filed or ebts.	al of \$7 in one igations	,575* or moder or more pays, such as cher the date o	re? /ments and tl nild support a f adjustment	he total amount you and alimony. Also, do
			_	•	re you filed for bankruptcy, d	id you p	pay any creditor a tot	al of \$6	00 or more?		
			■ No. □ Yes	Go to line 7		:=! = ! - !	-l -f #000	ا جائدات			t and ditan. Decret
			□ Yes	include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.						
	Credi	itor's	Name and	Address	Dates of payme	ent	Total amount	Am	ount you	Was this p	payment for

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		Document P	age 34 of 44°	•		
Del	btor 1 Angella Charmaine Ogalo		Cas	se number (if known)	24-10504	
7.	Within 1 year before you filed for bankruptc Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony.	tners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their votin	erships of which you g securities; and ar	u are a genera ly managing a	al partner; corporations gent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptc insider? Include payments on debts guaranteed or cosignature. No Yes. List all payments to an insider		ments or transfer a	any property on ac	ccount of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	rt 4: Identify Legal Actions, Repossessions	s and Foreclosures				
9.	Within 1 year before you filed for bankruptc List all such matters, including personal injury of modifications, and contract disputes. No Yes, Fill in the details.	y, were you a party in angases, small claims actions	y lawsuit, court ac s, divorces, collection	tion, or administra on suits, paternity a	ative proceed ctions, suppor	ling? t or custody
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	NS HVAC v. Ogallo	Wrrant in Debt	Fairfax County 4110 Chain Bri Fairfax, VA 220	dge Rd.	Pending On appe	al
10.	Within 1 year before you filed for bankruptc Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, t	oreclosed, garnis	hed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				
11.	Within 90 days before you filed for bankrupi accounts or refuse to make a payment becan No		uding a bank or fil	nancial institution	, set off any a	imounts from your

Describe the action the creditor took

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Amount

Date action was

taken

■ No □ Yes

Creditor Name and Address

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De	ebtor 1 Angella Charmaine Ogalo	Document	Page 35 of 44 Case number	(if known) 24-10504	
Pa	art 5: List Certain Gifts and Contributions				
13.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift.	, did you give any	gifts with a total value of more t	han \$600 per person?	,
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and	Describe the g	ifts	Dates you gave the gifts	Value
	Address:				
14.	Within 2 years before you filed for bankruptcy ■ No		gifts or contributions with a tota	l value of more than S	\$600 to any charity?
	Yes. Fill in the details for each gift or contrib Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		you contributed	Dates you contributed	Value
Dо	art 6: List Certain Losses				
5.	Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details.	ŕ			
	how the loss occurred Inclu	ide the amount that	e coverage for the loss insurance has paid. List pending 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	nt 7: List Certain Payments or Transfers				
16.	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared in No	ring a bankruptcy	petition?		ty to anyone you
	Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description an transferred	d value of any property	Date payment or transfer was made	Amount of payment
	DECAF 114 Goliad Street Fort Worth, TX 76126	\$30.00		March 2024	\$30.00
	Nathan Fisher 3977 Chain Bridge Rd., #2 Fairfax, VA 22030-3308	\$1000.00		March 2024	\$1,000.00
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you I	or to make payme		or transfer any proper	ty to anyone who

made

transferred

Description and value of any property

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Amount of

payment

Date payment

or transfer was

Address

Yes. Fill in the details.

Person Who Was Paid

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Debtor 1 Angella Charmaine Ogalo

Case number (if known) 24-10504

	transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	ade as security (such as	the granting of a	security into	erest or mortgage on your	property). Do not
	Person Who Received Transfer Address	Description and property transfer		payme	be any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 					of which you are a
	Name of trust	Description and	value of the prop	erty trans	ferred	Date Transfer was
						made
Pai	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	it Boxes, and Sto	rage Units	S	
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market,					
	houses, pension funds, cooperatives, asso No Yes. Fill in the details.				,,	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, an	y safe dep	osit box or other depos	itory for securities,
	No					
	☐ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than you	r home within 1	year befor	e you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
Pa	t 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	ude any propert	y you borr	owed from, are storing t	or, or hold in trust
	No					
	Yes. Fill in the details.	Whore is the war-	norty?	Dosoriba	the property	Vel.
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proj (Number, Street, City, S Code)		Describe	the property	Value
Pai	t 10: Give Details About Environmental Inf	ormation				

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

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Debtor 1 Angella Charmaine Ogalo

regulations controlling the cleanup of these substances, wastes, or material.

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•	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					
Rep	ort	all notices, releases, and proceedings th	at you know about, regardless of when	the	ey occurred.	
24.	Ha	s any governmental unit notified you tha	t you may be liable or potentially liable	une	der or in violation of an environme	ental law?
		No Yes. Fill in the details.				
		ame of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Ha	ve you notified any governmental unit of	any release of hazardous material?			
		No Yes. Fill in the details.				
	_	ame of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ■ No □ Yes. Fill in the details.					and orders.
		ase Title ase Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case
Par	t 11	: Give Details About Your Business or	Connections to Any Business			
27.	Wit	thin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of	f the following connections to any	business?
		☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	eith	her full-time or part-time	
		☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	ip (I	LLP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	ecutive of a corporation			
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation			
		No. None of the above applies. Go to I	Part 12.			
		Yes. Check all that apply above and fill	in the details below for each business	S .		
	Ad	usiness Name Idress	Describe the nature of the business		Employer Identification number Do not include Social Security	
	(Nı	umber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed	
28.		thin 2 years before you filed for bankrupt titutions, creditors, or other parties.	cy, did you give a financial statement t	o a	nyone about your business? Inclu	ıde all financial
		No Yes. Fill in the details below.				
	Ac	ame ddress umber, Street, City, State and ZIP Code)	Date Issued			

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

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with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Angella Charmaine Ogalo Signature of Debtor 2 **Angella Charmaine Ogalo** Signature of Debtor 1 Date Date April 15, 2024 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1 Angella Charmaine Ogalo

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United States Bankruptcy Court

In 1	re Angella Charmaine Ogalo		Case No.	24-10504
	De	ebtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATIO	N OF ATTORNEY	FOR D	ERTOR
	IN A CHAPT		IOND	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I compensation paid to me, for services rendered or to be rendered or bankruptcy case is as follows:	certify that I am the attorn		
	For legal services, I have agreed to accept	\$		4,500.00
	Prior to the filing of this statement I have received	\$		1,000.00
	Balance Due			3,500.00
2.	The source of the compensation paid to me was:			
	$\blacksquare \text{Debtor} \qquad \Box \text{Other } (specify)$			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify)			
4.	■ I have not agreed to share the above-disclosed compensation with	any other person unless they	are memb	ers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a percept of the agreement, together with a list of the names of the percept.			
5.	In return for the above-disclosed fee, I have agreed to render legal ser Bankruptcy Rule $2016-1(C)(3)$.	vice for all aspects of the ba	nkruptcy ca	se, as required by Local
6.	I am electing to request compensation and reimbursement of expenses	in this case:		
	a. ■ In accordance with the "no-look" fee set forth in Local Bank	ruptcy Rule 2016-1(C)(1)(a)	and (C)(3))(a).
	b. \square By submitting applications for compensation in the manner	set forth in Local Bankruptcy	Rule 2016	5-1(C)(1)(c)(ii).
	An attorney for the debtor that fails to make the election to reques (C)(3)(a) at the commencement of the case will be deemed to have Bankruptcy Rule 2016-1(C)(1)(c)(ii).			

Case 24-10504-KHK Doc 15 Filed 04/15/24 Entered 04/15/24 18:27:24 Desc Main Document Page 40 of 44 CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this

pankruptcy proceeding.		
April 15, 2024	/s/ Nathan Fisher	
Date	Nathan Fisher 37161	

Nathan Fisher

Signature of Attorney

Name of Law Firm
Fisher-Sandler, LLC
3977 Chain Bridge Rd., Suite #2
Fairfax, VA 22030
(703) 691-1642

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

April 15, 2024	/s/ Nathan Fisher
Date	Nathan Fisher 37161
	Signature of Attorney

Fill in this information to identify your case:							
Debtor 1	Angella Charmaine Ogalo						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Eastern District of Virginia							
Case number (if known)	24-10504						

Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:						
•	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 9,175.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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Case number (if known) 24-10504

Angella Charmaine Ogalo

Debtor 1

					Column A Debtor 1		Debtor 2	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends	s, and royalties			\$	0.00	\$	0.00	
	Unemployment co	•			\$	0.00		0.00	•
		nount if you contend that the a Act. Instead, list it here:	mount received was a be	nefit under					
	For you		\$	0.00					
	For your spouse		\$	0.00					
	benefit under the So not include any com United States Gove disability, or death of pay paid under chal does not exceed the	nent income. Do not include a pocial Security Act. Also, except appensation, pension, pay, and rnment in connection with a dof a member of the uniformed pter 61 of title 10, then include a amount of retired pay to whip provision of title 10 other than	any amount received that of as stated in the next seruity, or allowance paid by lisability, combat-related in services. If you received that pay only to the extern you would otherwise be	ntence, do the njury or any retired nt that it	\$	0.00	D \$	0.00	
	Do not include any received as a victim domestic terrorism; United States Gove disability, or death of	her sources not listed above benefits received under the Son of a war crime, a crime agair or compensation, pension, parrnment in connection with a dof a member of the uniformed atte page and put the total belonger.	ocial Security Act; payme nst humanity, or internatio ay, annuity, or allowance p lisability, combat-related in services. If necessary, lis	nts nal or paid by the njury or	\$	0.04	o \$	0.00	
					· : ———	0.00	<u> </u>	0.00	
	Total amou	unto from concrete negoci if o	nu		\$ \$	0.00		0.00	
	Total amot	unts from separate pages, if a	ny.	+	Φ	0.00	. — — — — — — — — — — — — — — — — — — —	0.00	
	each column. Then	al average monthly income. add the total for Column A to	the total for Column B.	s	9,175.00	+ \$	0.00		9,175.00 otal average onthly income
12. 13	Copy your total av	erage monthly income from	ı line 11					\$	9,175.00
		arried. Fill in 0 below.							
	_	ed and your spouse is filing wi	th vou. Fill in 0 below.						
	_	ed and your spouse is not filin	•						
	Fill in the amo	unt of the income listed in line uch as payment of the spouse	11, Column B, that was I						
	adjustments of	the basis for excluding this in a separate page.		income de	voted to eac	ch purpo	se. If necessary	/, list add	itional
	If this adjustme	ent does not apply, enter 0 be	low.	•					
				\$					
	-					_			
	Total			_ (_	0.0	00	Copy here=>		0.00
	10101			Ψ —			p, 11010-r		3.30
14.	Your current mor	nthly income. Subtract line 1	3 from line 12.					\$	9,175.00
15.	Calculate your cu	irrent monthly income for th	ne year. Follow these ste	ps:					
	15a. Copy line 14	4 here=>						\$	9,175.00

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Debto	or 1	Ang	ella Charmaine Ogalo		Case number (<i>if known</i>) 24-10504				
		M	ultiply line 15a by 12 (the number of months in	າ a year).			X _	12	
	15	b. Th	e result is your current monthly income for the	e year for this part of the	form		\$1	110,100.00	
16.	Cal	culate	the median family income that applies to	you. Follow these steps					
	16a	. Fill ir	the state in which you live.	VA					
	16b	. Fill ir	the number of people in your household.	3					
	16c.		the median family income for your state and				\$1	112,281.00	
			nd a list of applicable median income amounts actions for this form. This list may also be ava						
17.	Hov	v do t	he lines compare?						
	17a	. =	Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N						
	17b	. 🗆	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dispos					
Part	3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)					
18.	Cop	y you	r total average monthly income from line 1	i1.		\$_		9,175.00	
	Ded cont spor	luct th tend th use's i	ne marital adjustment if it applies. If you are nat calculating the commitment period under 1 ncome, copy the amount from line 13.	e married, your spouse is 11 U.S.C. § 1325(b)(4) a	s not filing with you, and you				
	19a	. If the	marital adjustment does not apply, fill in 0 on	line 19a.		- \$_		0.00	
	19b	. Subt	ract line 19a from line 18.				\$	9,175.00	
20.	Cal	culate	your current monthly income for the year.	. Follow these steps:					
	20a	. Copy	line 19b				\$	9,175.00	
		Multi	ply by 12 (the number of months in a year).				X	12	
	20b	. The	result is your current monthly income for the y	ear for this part of the fo	rm		\$1	110,100.00	
	20c.	. Copy	the median family income for your state and	size of household from	ine 16c		\$1	112,281.00	
	21.	How	do the lines compare?						
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the court,	on the top of page 1 of this form	m, check bo	x 3, <i>Th</i>	e commitment	
			Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page	1 of this for	m, che	ck box 4, The	
Part	By s	signing	In Below I here, under penalty of perjury I declare that	the information on this s	tatement and in any attachmen	ts is true and	d correc	ct.	
Х	Ar	ngella	ella Charmaine Ogalo ı Charmaine Ogalo						
	•		e of Debtor 1						
	Date		<u>ril 15, 2024</u> / DD / YYYY						
	If yo		cked 17a, do NOT fill out or file Form 122C-2.						
	If vo	u che	cked 17b. fill out Form 122C-2 and file it with	this form. On line 39 of t	hat form, copy your current mor	nthly income	from li	ine 14 above	

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Debtor 1 Angella Charmaine Ogalo Case number (if known) 24-10504